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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent							o Count	l Semester y Superinte Superintend	
COMPL	ETE TH	IS CLAIM FO	R STATI	E REIME	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPOR'	TATION:	
This clain	n is for the	period beginning	l		,	20 and en	nding		, 20	•
	month day						n	onth	day	
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	lete and acc	curate to the	e best of my kn	owledge.				
Date			Signature,	Chair, Board	d of Trustees					
County:			District:						District Leve	1:
02 Big F	Iorn		0020 S	pring C	reek Elen	1			Element	ary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #
100	1	1		140	0.95	22	None			

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School District Claim for State Reimbursement for School Bus Transportation

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent					•	to County Superin	tendent
ETE TH	IS CLAIM FOR ST	ATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION	
n is for the	period beginning		,	20 and e	nding	,	20
		month	day		:	month d	ay
ICATIO	N:						
The information on this form is complete and accurate to the best of my knowledge.							
	Signa	ture, Chair, Board	d of Trustees				
	District:					District Le	evel:
Iorn	002	1 Pryor El	em			Elemen	ntary
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
2	22	24	1.15	59	12/30/04		
2	22-2-2-264	42	1.80	84	12/30/04		
2	22-3-64	82	1.15	59	12/30/04		
2	3	60	0.95	22	01/18/05		
	ETE THE IN IS FOR THE ICATION IS FOR ICATION I	February 1 to Co February 15 to S ETE THIS CLAIM FOR ST In is for the period beginning ICATION: mation on this form is complete an District # Route # 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	February 1 to County Supering February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCI In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAIN is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

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None

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

First Semester

Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0023 Hardin Elem **Elementary** 02 Big Horn District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 71.6 17-H 10 167 1.80 84 01/17/05 71.6 17-H 11 173 1.80 84 None 71.6 17-H 12 71 01/17/05 62 1.57 29 71.6 17-H 13 1.57 71 01/17/05 71.6 17-H 15 149 1.80 84 01/17/05 71.6 17-H 16 226 1.80 84 01/17/05 100 17-H 19 88 1.57 71 01/17/05 71.6 17-H 1A 123 1.80 01/17/05 84 100 20A 17-H 65 57 01/17/05 1.15 71.6 17-H 3 108 1.80 89 01/17/05 71.6 17-H 4 216 1.80 84 None 5 71.6 71 17-H 45 1.57 01/17/05 71.6 17-H 6 84 124 1.80 None 71.6 17-H 7 62 1.80 84 01/17/05 71.6 17-H 8 62 1.80 84 01/17/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 02 Big Horn 0025 Lodge Grass Elem **Elementary** Rate Days District Route Miles **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 27 1 129 1.80 84 01/18/05 2 60 27 48 1.15 54 01/18/05 3 100 0.95 01/18/05 60 27 36 70 4 27 104 1.57 72 01/18/05 5 80 27 98 0.95 20 01/18/05 75 27 7 32.4 0.95 22 01/18/05

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES	

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	CHOOL BUS TRA	NSPORTAT	ION:	
This clain	n is for the	period beginning			,	20 and	ending		, 20	
			1	nonth	day		1	month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County:			District:	:				Dist	rict Level:	
02 Big H	Iorn		0026 Wyola Elem				6 Wyola Elem Elementary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	ı s	Bus Driver's ocial Security #
100	29	1		44	0.95	22	01/18/05			
100	29	1B		55.4	0.95	48	01/18/05			
100	29	2		22	0.95	22	01/18/05			
100	29	2B		41.3	0.95	48	01/18/05			
100	29	3B		60.7	1.80	22	01/18/05			

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

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First Semester February 15 to State Superintendent

Second Semester May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 1189 Hardin H S **High School** 02 Big Horn District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # # Per Day Per Mile Inspection 28.4 1 10 167 1.80 84 01/17/05 28.4 1 11 173 1.80 84 None 28.4 12 71 01/17/05 1 62 1.57 29 28.4 13 1.57 71 01/17/05 1 28.4 15 149 1.80 84 01/17/05 28.4 1 16 226 1.80 84 01/17/05 28.4 1 1A 123 1.80 84 01/17/05 28.4 1B 108 1.80 84 None 1 28.4 3 108 1.80 89 01/17/05 1 28.4 4 216 1.80 84 None 28.4 5 45 1.57 71 01/17/05 1 28.4 6 124 1.80 84 None 28.4 7 84 01/17/05 1 62 1.80 28.4 8 62 84 01/17/05 1.80 1

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None

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 02 Big Horn 1190 Lodge Grass H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 50 2 1 129 1.80 84 01/18/05 2 2 40 48 1.15 54 01/18/05 40 2 3 100 0.95 01/18/05 36 2 4 104 1.57 72 01/18/05 30 2 5 20 98 0.95 20 01/18/05 25 2 7 32.4 0.95 22 01/18/05

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	residuity to to state superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THI	S CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAN	NSPORTATION:		
This claim is for the period beginning						20 and er	nding	,	20	
			1	nonth	day		m	onth da	ay	
CERTIF	ICATION	N:								
The infor	mation on t	this form is comp	lete and	accurate to th	e best of my kno	owledge.				
Date Signature, C				re, Chair, Board	d of Trustees					
County:			District:	:				District Le	vel:	
02 Big Horn			1214 Plenty Coups H S					High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
	3	22-2-2-26	4	42	1.80	84	12/30/04			
50			3 22-3-64							